

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Document Number

10/009052

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)
TOTAL CLASSES FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	6	minus	20 =
Independent	2	minus	3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	7	minus	20 =
Independent	3	minus	3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	7	minus	20 =
Independent	3	minus	3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE		OR	BASIC FEE
X3 0=		OR	X318=
X42=		OR	X34=
+140=		OR	+280=
TOTAL		OR	TOTAL

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X3 0=		OR	X318=
X42=		OR	X34=
+140=		OR	+280=
TOTAL		OR	TOTAL

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X3 0=		OR	X318=
X42=		OR	X34=
+140=		OR	+280=
TOTAL		OR	TOTAL

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X3 0=		OR	X318=
X42=		OR	X34=
+140=		OR	+280=
TOTAL		OR	TOTAL

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